PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it fisighs a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/583,565			ing Date 05/2007	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	- CK	RATE (\$)	FEE (\$)	
⊠	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD NO	N/A	ı	N/A	150	١	N/A	TEE (0)	
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A		ı	N/A		
	(37 CFR 1.16(k), (i), (i)		N/A		N/A		N/A		ı	N/A		
	(37 CFR 1.16(o), (p), (AL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =		Oit	x s =		
(37	CFR 1.16(h))	If the	If the specification and drawing		ne overed 100	ı	A# -			^* -		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	n size fee due								
	MULTIPLE DEPEN	7 CFR 1.16(j))										
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	150		TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	08/26/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 20	Minus	 20	= 0		X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	***3	= 0	l	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.160))		Minus	**		i	x \$ =		OR	x s =		
M	Independent (37 CFR 1.16(h))	*	Minus	***			x \$ =		OR	x \$ =		
ä	Application Size Fee (37 CFR 1.16(s))								1			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
	•								OR	TOTAL ADD'L FEE		
" if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " if the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. This collection is estimated to state 2 relativeste to complete in condition gathering, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burden, subsuld be sent to the CEMPTO. USE and the subsulding the complete the complete depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations for moderating this burden, subsuld be sent to the CEMPTO information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 2233-3450.